



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
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Circular No. 023/10

14 October 2010

Dear Dentist,

The new arrangements for the Dental Treatment Services Scheme (DTSS) outlined in circular 008/10 came into effect on 28 April 2010. The implementation of these arrangements is necessary to deliver a dental service within the budget available.

I intend to write to you regularly in light of the changes made to the DTSS in order to continue to update you on developments and also to ensure that you have an opportunity to suggest ways in which those changes can be implemented.


It is important to reiterate that the objective of the decision taken by the HSE, and communicated by way of Circular 008/10, is to best protect the interests of the public within the available budget. As you know, in Budget 2010 the Government decided that expenditure under the DTSS be maintained at the level that applied in 2008 i.e. €63m.

That decision arose from the Government's wish to reduce public expenditure. It is only one of a number of reductions in funding made across the board. I appreciate that the dental community would prefer it had funding levels remained at 2009 levels but must stress that the HSE is acting on foot of an express Government decision.

The HSE's duty, first and foremost, is to use the resources available to it in the most beneficial, effective and efficient manner to promote and protect public health and welfare. On that basis, we took the decision to prioritise emergency dental care for medical card holders within the available budget.

The new measures, introduced in April 2010, prioritise the range of treatments available.

As you know, some treatments which had previously been available under the Scheme (for example, dental cleaning and polishing) have been suspended. Other treatments (such as extractions and fillings) continue to be provided in the case of clinical emergencies. These measures have been introduced to protect access to emergency dental care for medical card holders and to safeguard services for exceptional/high-risk cases.



It is important, despite financial restrictions, that Principal Dental Surgeons apply their clinical judgement to ensure that care continues to be provided. PCRS will process any eligible claim where Principal Dental Surgeons have satisfied themselves that it falls within the scope of Circular 008/2010.

- In exceptional/high-risk cases, the Principal Dental Surgeon will clearly indicate in the 'For Official Use Only' box the number of approved Above the Line and/or Below the Line treatments and return the form to the contractor who will commence treatment.
- In emergency cases where Below the Line treatment is approved, the Principal Dental Surgeon will clearly indicate in the 'For Official Use Only' box the number of approved Below the Line treatments and return the form to the contractor who will commence treatment.

For clarification, a number of treatment items continue to be available *without* prior approval when an adult medical card-holder presents in an emergency situation, as set out in Circular 008/2010. Other treatments, again as set out in the Circular, require prior approval which should be obtained from the local HSE Principal Dental Surgeon.

Where prior approval is required for clinical treatment, the HSE Principal Dental Surgeons will apply their professional judgment to determine, in the circumstances, whether or not to approve the treatment. If the PDS is satisfied that it is an emergency, then approval should be given.

As referred to in Circular 008/2010, there are a number of medical card holders to be treated as exceptional/high-risk cases. These include Hepatitis C patients (these patients can be identified by an "R" designation on their Medical Card) and patients with Special Needs. Such patients must be prioritised for care and are eligible for all of the services available prior to April 2010 on the approval of a Principal Dental Surgeon.

The Principal Dental Surgeon should always be satisfied that they have adequate information to support their clinical decision.

Concerns have been expressed as to the effect the changes will have on certain exceptional/high-risk categories, such as oral cancer patients. However, the new arrangements allow for services to be delivered to exceptional/high-risk cases such as these. The oral cancer issue, for example, is essentially an oral health examination issue and an annual examination is still available for medical card holders under the new arrangements. Oral cancer patients can also be referred for assessment to our Public Dental Service at any time.

In July 2010, the HSE appointed a National Oral Health Lead, Dr Dympna Kavanagh and established a National Steering Group for Dental Primary Care which Dr Kavanagh chairs. This group is responsible for setting standards and policy for adult medical card holders. The initial focus of the Group is on services for older persons.

This National Steering Group, in association with four Regional Operational Groups, will identify the categories of adult medical card holders to be prioritised for HSE funded dental care. This determination will be based on medical and social exclusion profile rather than only being dependent on dental issues. Guidance in relation to clinical decisions is within the purview of the National Steering Group. On this, I attach a copy letter sent by Dr. Kavanagh to all Principal Dental Surgeons today.

The HSE will continue to monitor all treatment items to ensure compliance with our targets and to identify whether additional control measures are required. From that perspective I will communicate with contractors on a regular basis, by way of providing feedback in relation to the operation of the scheme and in addressing the control procedures as issues arise or as contractors require.

For example, to assist contractors, we have developed specific tools for you to verify a client's eligibility prior to providing dental services. This is a useful step to be taken prior to submitting a complete claim for reimbursement. This online facility is available at www.pcrs.ie under the heading "Dental Eligibility Confirmation".

- This service will confirm if a client has a medical card and if that client is eligible for various treatments.
 - To use the tool, simply select the treatment, tooth (required for tooth specific treatments only), enter the patient's PPS number and then choose the "Check Dental" option.
- In addition, you can verify the same information in respect of A1, A3A, A3C and A7 treatments by SMS text using your mobile phone.
 - To use this facility, text the treatment code, tooth (required for tooth specific treatments only) and PPS number to 087 909 7867, e.g. "A1 1234567P or A3A 22 1234567P" (please note that there is a space between the treatment type, the tooth number and the PPS number).

We appreciate the challenges that face private contractors and our dental teams led by Principal Dental Surgeons and thank you for your assistance.

We are facing unprecedented challenges as a health service to deliver quality services to patients from fewer resources. The Government is unequivocal that the change to the budget will not be reversed. However, it is important to maintain a perspective and take cognisance of the fact that we are working within resources which delivered a good service in 2008. The challenge is to continue to deliver this level of service.

The HSE will be carrying out a review of the changes to the DTSS later this year and in this context we plan to look at the effect, if any, of the changes for any particular group. We are open to considering changes to the DTSS provided we can stay within the budget allocation.

Yours sincerely



Patrick Burke
Primary Care Reimbursement Service



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Our Ref: DK/DTSS/

14 October 2010

Re: Update on DTSS

Dear Principal Dental Surgeons,

In Budget 2010 the Government decided to maintain expenditure under the Dental Treatment Services Scheme (DTSS) at the same level as applied in 2008 i.e. €63m.

In order to best protect access to emergency dental care for medical card holders within the available budget, the HSE decided to prioritise the range of treatments available under the DTSS.

Under the new measures, introduced on 28 April 2010, the range of treatments available for medical card holders is being prioritised. These measures have been introduced to protect access to emergency dental care and also to ensure that treatments for exceptional/high-risk cases continue to be available.

1. Routine Treatment

As you know, a number of treatment items continue to be available without prior approval if a medical card-holder presents in an emergency situation. These include 2 fillings and extractions (and are listed in detail in Circular 008/2010). In addition, all medical card holders are entitled to an oral examination irrespective of whether they present in an emergency situation, or not.


In line with the position prior to April 2010, a repeat restoration on the same tooth for the same patient cannot be repeated within five years unless clinically necessary and “clinical necessity” is clearly handwritten in the clinical necessity box on the claim form.

If any other treatment is required, this should be with the approval of the local HSE Principal Dental Surgeon.

2. Exceptional/High-Risk cases

As referred to in Circular 008/2010, additional care will be considered in these cases. A patient is only eligible for inclusion in the category of “Exceptional/High-Risk cases” if this has been approved by a Principal Dental Surgeon.

In line with the position prior to April 2010, Principal Dental Surgeons may approve treatment for exceptional/high risk cases by applying their clinical judgement and expertise.



The list of exceptional/high-risk cases is non-exhaustive but is intended to include such cases as (a) individuals whose general health would be seriously compromised if they did not have access to essential dental treatment, (b) individuals with a disability (such as special needs patients), (c) Hepatitis C patients (with an R card), (d) haemophiliacs or (e) patients suffering from oral cancer.

Further clarification and guidance on the application of prior approval procedures for exceptional/high-risk patients will be made available to Principal Dental Surgeons through the recently established national and regional structures mentioned in Section 5 of this letter.

Patients falling within the category of exceptional/high-risk cases are eligible for the full range of treatments available prior to April 2010, where approved as clinically necessary by a Principal Dental Surgeon. Principal Dental Surgeons should always be satisfied that they have adequate information to support their clinical decision that a particular patient is an exceptional/high risk case.

It is recognised that in urgent cases, it may not be possible to obtain approval in advance of treatment. In those cases, it is the responsibility of the contract holder to subsequently supply all relevant information and appropriate documentation for retrospective approval. However, the Principal Dental Surgeon will always attempt to prioritise approval for exceptional/high-risk cases.

3. Approval Process – Medical Card Holders

As set out in detail in Circular 008/2010, practitioners may carry out certain treatments without approval from a Principal Dental Surgeon.

Other treatments require prior approval (as set out in the Circular). Where prior approval is required for treatment, the Principal Dental Surgeons will apply their professional judgment to determine, in the circumstances, whether or not to approve the treatment.


4. Approval Process – Exceptional/high-risk cases

It is important, despite financial restrictions, that Principal Dental Surgeons apply their clinical judgement to ensure that exceptional/high-risk cases continue to have access to treatment.

The Primary Care Reimbursement Service will process any claim for exceptional/high-risk cases where Principal Dental Surgeons have satisfied themselves as to the clinical necessity for care. I attach a copy of a letter that the Service has written to all dental practitioners today which reflects this policy. I note that in excess of 2,500 cases have been designated as exceptional/high-risk by Principal Dental Surgeons to date and that the PCRS has processed claims in respect of those cases.

Where a Principal Dental Surgeon approves treatment in an exceptional/high risk case, the PDS will clearly indicate in the 'For Official Use Only' box the number of approved Above the Line and/or Below the Line treatments. The PDS will then return the form to the contractor who will commence treatment. Likewise, where a PDS approves Below the Line emergency treatment, the PDS must indicate the number of approved treatments in the 'For Official Use Only' box.

If the PDS is satisfied that it is an exceptional/high-risk case, then approval should be given.



5. National Standards

In July 2010, the HSE established a National Steering Group for Dental Primary Care, which I chair. This group is responsible for setting standards and policy for adult medical card holders.

The initial focus of the Group is on services for older persons. This National Steering Group, in association with four Regional Operational Groups, will identify adult medical card holders to be prioritised for HSE funded dental care.

The HSE will continue to monitor and review all treatment items in the context of the overall budget.

If you have any queries, you may contact members of the National Steering Group in your region, as follows:-

Dr. D. Clarke, Principal Dental Surgeon, Dublin Mid-Leinster
Dr. J. Mullen, Principal Dental Surgeon, West
Dr. M. O'Connor, Principal Dental Surgeon, South
Dr. M. Ormsby, Principal Dental Surgeon, Dublin North East

I look forward to your ongoing support and co-operating in working towards our shared objective of improving the oral health of the population within the context of best practice requirements and available resources.

Yours sincerely,

Dympna Kavanagh

DA Kavanagh
National Lead Oral Health (Interim)
Integrated Services Performance & Financial Management